



DAE \$

FEE TRANSMITTAL FOR FY 2004

(FY 2004 Begins 10/01/2003)

TOTAL AMOUNT OF PAYMENT (\$) 110.00

Complete if Known:

Application No. 09/823,739

Filing Date March 30, 2001

First Named Inventor Michael J. Gormish

Examiner Name Not Yet Assigned

Art Unit 2631

Attorney Docket No. 74451.P132

☐ Applicant claims small entity status. See 37 CFR 1.27.

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account

Deposit Account Number : 02-2666

Deposit Account Name: _____

☒ The Director is Authorized to do the following with respect to the above-identified Deposit Account:

☐ Charge fee(s) indicated below.

☒ Credit any overpayments.

☒ Charge any additional fees during the pendency of this application.

☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

☐ Charge fee(s) indicated below except for the filing fee.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)		
1001	770	2001	385	Utility application filing fee	_____
1002	340	2002	170	Design application filing fee	_____
1003	530	2003	265	Plant filing fee	_____
1004	770	2004	385	Reissue filing fee	_____
1005	160	2005	80	Provisional application filing fee	_____
SUBTOTAL (1)					\$ 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

			Extra Claims	Fee from below	Fee Paid
Total Claims	_____	- 20** =	_____	X _____	= _____
Independent Claims	_____	- 3** =	_____	X _____	= _____
Multiple Dependent	_____			_____	= _____

**Or number previously paid, if greater; For Reissues, see below.

Large Entity		Small Entity		Fee Description
Code	Fee (\$)	Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 0 **RECEIVED**

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3. ADDITIONAL FEES

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) \$ 110.00

***Reduced by Basic Filing Fee Paid**

SUBMITTED BY:

Typed or Printed Name: Michael J. Mallie

Signature: _____ Date: 15/3/23

Reg. Number: 36,591 **Telephone Number:** (408) 720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450